

All Grade Intro

2026 Fairfax County Youth Survey

Thank you for agreeing to participate in this study. These questions ask your opinion about a number of things concerning you, your friends, your family, your neighborhood, and your community.

Your individual answers to the survey are anonymous, which means that no one will know how you answered. Student answers will be summarized in a report that will not include anyone's name. This survey is completely voluntary. You can skip any questions that you do not want to answer.

Be sure to read the instructions below before you begin. Thank you very much.

Instructions

1. This is not a test, so there are no right or wrong answers.
2. All of the questions should be answered by choosing one of the answer options unless otherwise noted. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure what it means, just leave it blank.
3. Your answers will be read automatically by a computer

CheckSchoolCode1

The code you entered is for:

`${e://Field/SchoolName}`

Is this your school?

- ☐ Yes
- ☐ No

2026 8–12th Grade

The following questions ask for some general information about you.

Please choose the response that best describes you.

How old are you?

- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17
- ☐ 18
- ☐ 19 or older

What grade are you in?

- ☐ 8th
- ☐ 10th
- ☐ 12th

Are you:

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Another gender

Are you transgender?

- ☐ No, I am not transgender.
- ☐ Yes, I am transgender.
- ☐ I am not sure if I am transgender.
- ☐ I do not know what this question is asking.

Which of the following best describes you?

- ☐ Heterosexual (straight)
- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ I describe my sexual identity some other way.
- ☐ I am not sure about my sexual identity (questioning).

☐ I do not know what this question is asking.

What is your race and/or ethnicity? Choose ALL that apply:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White

Think of where you live most of the time. Which of the following people live there with you? Choose ALL that apply.

- | | |
|---|---|
| ☐ Mother(s) | ☐ Other adults |
| ☐ Father(s) | ☐ Sister(s) |
| ☐ Stepmother(s) | ☐ Brother(s) |
| ☐ Stepfather(s) | ☐ Stepsister(s) |
| ☐ Grandmother(s) | ☐ Stepbrother(s) |
| ☐ Grandfather(s) | ☐ Other children |
| ☐ Foster parent(s) | |

What language do you use most often at home?

- ☐ Amharic
- ☐ Arabic
- ☐ Chinese
- ☐ English

- ☐ Farsi
- ☐ Korean
- ☐ Spanish
- ☐ Urdu
- ☐ Vietnamese
- ☐ Other

Has your parent or guardian ever served in the military?

- ☐ Yes
- ☐ No
- ☐ Not sure

Do you have someone in your family (such as a parent, brother, or sister) who is currently in the military?

- ☐ Yes
- ☐ No
- ☐ Not sure

8%

The next section asks questions about any long-term physical, mental, or emotional conditions/disabilities that you may have. “Long-term” refers to conditions that have lasted or are expected to last 6 months or more.

Do you have any of the following conditions/disabilities. Choose ALL that apply:

- ☐ Developmental or intellectual disability (such as Down syndrome or autism spectrum disorder)
- ☐ Learning disability (such as difficulty with reading, writing, or doing math)
- ☐ Mental health/emotional condition (such as depression or anxiety)
- ☐ Mobility disability (such as use of a wheelchair, walker, or cane)
- ☐ Sensory disability (such as blindness, difficulty seeing even when wearing glasses, deaf, or hard-of-hearing)
- ☐ Speech and language impairment
- ☐ Other health conditions (such as ADHD, diabetes, or cancer)
- ☐ I'm not sure.
- ☐ None of these apply to me.

At school, do you have an Individualized Education Plan (IEP) or 504 Plan to help you learn?

- ☐ Yes, I have an IEP.
- ☐ Yes, I have a 504.
- ☐ No, I do not.
- ☐ Not sure.

14%

The next section asks about your experiences at school. Your answers will stay private.

What were your overall grades like last year?

- ☐ Mostly Fs
- ☐ Mostly Ds
- ☐ Mostly Cs
- ☐ Mostly Bs
- ☐ Mostly As

During the last 4 weeks, how many days of school have you missed because you skipped or "cut"?

- ☐ None
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4-5 days
- ☐ 6-10 days
- ☐ 11 or more days

During the last 4 weeks, if you did not attend school, what were the reasons? Choose ALL that apply:

- ☐ I did not miss school.
- ☐ I felt unsafe at school or on my way to or from school.
- ☐ I was struggling with my mental health or physical health.
- ☐ I had to care for a family member (such as a sibling, parent, grandparent, etc.).
- ☐ I had to work.
- ☐ What they're teaching at school isn't important to me.
- ☐ I don't feel connected to anyone or feel as though I belong at school.
- ☐ I did something fun with family or friends.

How much do you agree or disagree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
Sometimes it is okay to cheat at school.	☐	☐	☐	☐
My teacher lets me know when I am doing a good job.	☐	☐	☐	☐
I feel safe at my school.	☐	☐	☐	☐
There are lots of chances for students at my school to talk with a teacher one-on-one.	☐	☐	☐	☐
The school lets my parents, caregivers, or other adults in my family know when I have done something well.	☐	☐	☐	☐
I have a trusted adult at school I can talk to when I need help.	☐	☐	☐	☐

During the past 12 months, at school, have you ever:

	Yes	No
... felt left out of a group or activity or had trouble making friends/getting along with others?	☐	☐
... been hit, punched, kicked, or physically hurt by another student?	☐	☐
... been made fun of, teased, or had rumors spread about you in a way that made you feel bad?	☐	☐
... been threatened by another student?	☐	☐
... had something bad said about your race or culture?	☐	☐
... had something bad said about your gender or sexual orientation?	☐	☐
... received unwanted or hurtful messages or comments from someone online or through text messages?	☐	☐

During the past 12 months, at school, have you ever:

	Yes	No
... intentionally left someone out of a group or activity?	☐	☐
... hit, punched, kicked, or physically hurt another student?	☐	☐
... made fun of, teased someone, or spread rumors about someone?	☐	☐
... threatened another student?	☐	☐
... said something bad about someone's race or culture?	☐	☐
... said something bad about someone's gender or sexual orientation?	☐	☐
... sent unwanted or hurtful messages or comments to someone online or through text messages?	☐	☐

22%

The next section asks about how you spend your time after school.

On an average school day, how many hours do you spend doing

homework outside of school?

- ☐ None
- ☐ Half hour or less
- ☐ Between a half hour and an hour
- ☐ 1 hour
- ☐ 2 hours
- ☐ 3 hours or more

On an average school day, how many hours do you watch TV?

- ☐ None
- ☐ Less than 1 hour per day
- ☐ 1 hour per day
- ☐ 2 hours per day
- ☐ 3 hours per day
- ☐ 4 hours per day
- ☐ 5 or more hours per day

On an average school day, how many hours do you spend playing video or computer games?

- ☐ None
- ☐ Less than 1 hour per day
- ☐ 1 hour per day
- ☐ 2 hours per day
- ☐ 3 hours per day
- ☐ 4 hours per day
- ☐ 5 or more hours per day

On an average school day, how many hours do you spend using social media, such as Instagram, Snapchat, TikTok, or YouTube?

- ☐ None
- ☐ Less than 1 hour per day
- ☐ 1 hour per day
- ☐ 2 hours per day
- ☐ 3 hours per day
- ☐ 4 hours per day
- ☐ 5 or more hours per day

Think about your use of social media such as Instagram, Snapchat, TikTok, or YouTube. In the past 12 months, have you:

	Yes	No
... made plans to gain access to drugs or alcohol using social media?	☐	☐
... pursued an interest or hobby, or followed educational or inspirational accounts on social media?	☐	☐
... experienced stress from social media, including stress over likes and comments, fear of missing out (FOMO) or feeling like you always need to be available online?	☐	☐

	Yes	No
... engaged with friends, family, or other supportive groups online?	☐	☐
... been unsure whether information or images you've seen are fake or real?	☐	☐

How many times have you engaged in service learning or volunteering?

- ☐ Never
- ☐ I've done it, but not in the past year.
- ☐ Less than once a month
- ☐ About once a month
- ☐ Two or three times a month
- ☐ Once a week or more

On an average day, how many hours do you spend working at a job or internship?

- ☐ None
- ☐ Half hour or less
- ☐ Between a half hour and an hour
- ☐ 1 hour
- ☐ 2 hours
- ☐ 3 hours or more

On an average day, how many hours do you spend in a school-based team, club, program, etc.?

- ☐ None
- ☐ Half hour or less
- ☐ Between a half hour and an hour
- ☐ 1 hour
- ☐ 2 hours
- ☐ 3 hours or more

On an average day, how many hours do you spend in a non-school-based team, club, program, etc.?

- ☐ None
- ☐ Half hour or less
- ☐ Between a half hour and an hour
- ☐ 1 hour
- ☐ 2 hours
- ☐ 3 hours or more

How often do you attend religious services or activities?

- ☐ Never
- ☐ Rarely
- ☐ 1-2 times a month
- ☐ About once a week or more

30%

The next section asks about your feelings. Your answers will stay private.

During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

- ☐ Yes
- ☐ No

If you felt sad or hopeless almost every day for two weeks or more during the past 12 months, were you able to get the kind of help you needed?

- ☐ Yes
- ☐ No

During the past 12 months, did you ever seriously consider attempting suicide?

- ☐ Yes
- ☐ No

During the past 12 months, how many times did you actually attempt suicide?

- ☐ 0 times

- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more times

Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

Within the last 30 days, how often have you felt lonely?

- ☐ None of the time
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

37%

The next section asks about your experiences in your community.

How much do you agree or disagree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
There are adults in my community I could talk to about something important to me.	☐	☐	☐	☐
Adults in my community let me know when I am doing a good job.	☐	☐	☐	☐
I feel safe in my neighborhood.	☐	☐	☐	☐
There are sports teams or other extracurricular activities available for me in my community.	☐	☐	☐	☐

40%

The next section asks about your feelings and experiences in other parts of your life. Your answers will stay private.

How much do you agree or disagree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I ignore rules that get in my way.	☐	☐	☐	☐
I accept responsibility for my actions when I make a mistake or get in trouble.	☐	☐	☐	☐
I try my best even with tasks I don't enjoy.	☐	☐	☐	☐
I try to find different solutions to problems.	☐	☐	☐	☐
I know how to disagree without starting an argument or fight.	☐	☐	☐	☐

During the last 12 months, have you been a leader in a group or organization?

- ☐ Yes
- ☐ No

46%

The next section asks about your family. When answering these questions, please think about the people you consider to be your family, such as parents, stepparents, grandparents, aunts, uncles, etc. Your answers will stay private.

How much do you agree or disagree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
When I am not at home, one of my parents, caregivers, or other adults in my family knows where I am and who I am with.	☐	☐	☐	☐
My family has clear rules about alcohol and drug use.	☐	☐	☐	☐
People in my family often insult or yell at each other.	☐	☐	☐	☐
If I had a personal problem, I could ask my parents, caregivers, or other adults in my family for help.	☐	☐	☐	☐
My parents, caregivers, or other adults in my family ask me what I think before most family decisions affecting me are made.	☐	☐	☐	☐
My parents, caregivers, or other adults in my family listen to me when I talk to them about something important to me.	☐	☐	☐	☐

During your life, how often have your parents, caregivers or other adults in your home slapped, hit, kicked, punched, or beat each other up?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Most of the time
- ☐ Always

During the past 12 months, has a parent, caregiver or other adult in your home bullied you, insulted you or put you down?

- ☐ Yes
- ☐ No

During the past 12 months, has a parent, caregiver, or other adult in your home ever hit, beat, kicked, or physically hurt you in any way?

- ☐ Yes
- ☐ No

52%

The next section asks about your thoughts about and experiences with tobacco, alcohol, and other drugs. Your answers will stay private.

Have you ever smoked cigarettes in your lifetime?

- ☐ Never
- ☐ Once or twice
- ☐ Once in a while but not regularly
- ☐ Regularly in the past
- ☐ Regularly now

How often have you smoked cigarettes in the past 30 days?

- ☐ Not at all
- ☐ Less than one cigarette per day
- ☐ One to five cigarettes per day
- ☐ About one-half pack per day
- ☐ About one pack per day
- ☐ About one and one half packs per day
- ☐ Two or more packs per day

How many times have you smoked tobacco using a hookah (water pipe) in the past 30 days?

- ☐ 0 times
- ☐ 1-2 times
- ☐ 3-5 times
- ☐ 6-9 times
- ☐ 10-19 times
- ☐ 20-39 times
- ☐ 40 or more times

How often have you used smokeless tobacco (such as snuff, plug, dipping tobacco, chewing tobacco, snus, dissolvable tobacco, or nicotine pouches such as ZYN) in the past 30 days?

- ☐ Never
- ☐ Once or twice
- ☐ Once in a while but not regularly
- ☐ About once a day
- ☐ More than once a day

How many times have you smoked or ingested cannabis (including THC cartridges, edibles, or gummies) in your lifetime?

- ☐ 0 times
- ☐ 1-2 times
- ☐ 3-5 times
- ☐ 6-9 times
- ☐ 10-19 times
- ☐ 20-39 times
- ☐ 40 or more times

How many times have you smoked or ingested cannabis (including THC cartridges, edibles, or gummies) in the past 30 days?

- ☐ 0 times
- ☐ 1-2 times
- ☐ 3-5 times

- ☐ 6-9 times
- ☐ 10-19 times
- ☐ 20-39 times
- ☐ 40 or more times

To “vape” is to use a device such as a vape-pen, an e-cigarette, an e-hookah, or an e-vaporizer to inhale a mist or vapor into the lungs. Have you ever vaped?

- ☐ Yes
- ☐ No

How many times have you vaped nicotine in the past 30 days?

- ☐ 0 times
- ☐ 1-2 times
- ☐ 3-5 times
- ☐ 6-9 times
- ☐ 10-19 times
- ☐ 20-39 times
- ☐ 40 or more times

How many times have you vaped cannabis (including THC cartridges) in the past 30 days?

- ☐ 0 times
- ☐ 1-2 times
- ☐ 3-5 times
- ☐ 6-9 times

- ☐ 10-19 times
- ☐ 20-39 times
- ☐ 40 or more times

How many times have you vaped flavoring, without any nicotine or cannabis in it in the past 30 days?

- ☐ 0 times
- ☐ 1-2 times
- ☐ 3-5 times
- ☐ 6-9 times
- ☐ 10-19 times
- ☐ 20-39 times
- ☐ 40 or more times

How many times have you sniffed glue, breathed (huffed) the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in the past 30 days?

- ☐ 0 times
- ☐ 1-2 times
- ☐ 3-5 times
- ☐ 6-9 times
- ☐ 10-19 times
- ☐ 20-39 times
- ☐ 40 or more times

How many times have you used vinfentrine (vinnies) in the past

30 days?

- ☐ 0 times
- ☐ 1-2 times
- ☐ 3-5 times
- ☐ 6-9 times
- ☐ 10-19 times
- ☐ 20-39 times
- ☐ 40 or more times

How many times have you used hallucinogens such as shrooms, LSD, acid or angel dust in the past 30 days?

- ☐ 0 times
- ☐ 1-2 times
- ☐ 3-5 times
- ☐ 6-9 times
- ☐ 10-19 times
- ☐ 20-39 times
- ☐ 40 or more times

How many times have you used cocaine or crack in the past 30 days?

- ☐ 0 times
- ☐ 1-2 times
- ☐ 3-5 times
- ☐ 6-9 times
- ☐ 10-19 times
- ☐ 20-39 times
- ☐ 40 or more times

How many times have you taken methamphetamine (speed, crystal, crank, or ice) in the past 30 days?

- ☐ 0 times
- ☐ 1-2 times
- ☐ 3-5 times
- ☐ 6-9 times
- ☐ 10-19 times
- ☐ 20-39 times
- ☐ 40 or more times

How many times have you taken prescription pain relievers without a doctor's order (such as Oxycontin, Vicodin, Percocet, and Codeine) OR used street opioids (such as illicit fentanyl or heroin) in your lifetime?

- ☐ 0 times
- ☐ 1-2 times
- ☐ 3-5 times
- ☐ 6-9 times
- ☐ 10-19 times
- ☐ 20-39 times
- ☐ 40 or more times

How many times have you taken prescription pain relievers without a doctor's order (such as Oxycontin, Vicodin, Percocet,

and Codeine) OR used street opioids (such as illicit fentanyl or heroin) in the past 30 days?

- ☐ 0 times
- ☐ 1-2 times
- ☐ 3-5 times
- ☐ 6-9 times
- ☐ 10-19 times
- ☐ 20-39 times
- ☐ 40 or more times

What were the reasons you took prescription pain reliever without a doctor's order (such as Oxycontin, Vicodin, Percocet, and Codeine) or street opioids (such as illicit fentanyl or heroin) last time? Choose ALL that apply.

- ☐ To relieve physical pain.
- ☐ To relax or relieve tension.
- ☐ To experiment or to see what it's like.
- ☐ To feel good or get high.
- ☐ To help with my sleep.
- ☐ To help me with my feelings or emotions.
- ☐ To fit in with those around me.
- ☐ To increase or decrease the effect(s) of some other drug.
- ☐ Because I am "hooked" or I have to have it.
- ☐ I used it for some other reason.

How did you get the prescription pain reliever (such as Oxycontin, Vicodin, Percocet, and Codeine) or street opioid (such as illicit

fentanyl or heroin)? If you got it in more than one way, please choose ONE of the ways as your best answer.

- ☐ I got it from a doctor.
- ☐ I got it from a friend or relative.
- ☐ I got it from a drug dealer or other stranger.
- ☐ I got it off the internet or social media.
- ☐ I got it in some other way.

How many times have you taken a prescription drug other than painkillers (such as Ritalin, Adderall, or Xanax) without a doctor's order in the past 30 days?

- ☐ 0 times
- ☐ 1-2 times
- ☐ 3-5 times
- ☐ 6-9 times
- ☐ 10-19 times
- ☐ 20-39 times
- ☐ 40 or more times

How many times have you used Ecstasy (such as MDMA or Molly) in the past 30 days?

- ☐ 0 times
- ☐ 1-2 times
- ☐ 3-5 times
- ☐ 6-9 times
- ☐ 10-19 times
- ☐ 20-39 times
- ☐ 40 or more times

How many times have you taken over-the-counter drugs to get high in the past 30 days?

- ☐ 0 times
- ☐ 1-2 times
- ☐ 3-5 times
- ☐ 6-9 times
- ☐ 10-19 times
- ☐ 20-39 times
- ☐ 40 or more times

How many times have you had beer, wine, or hard liquor (such as vodka, whiskey, gin or tequila) in your lifetime?

- ☐ 0 times
- ☐ 1-2 times
- ☐ 3-5 times
- ☐ 6-9 times
- ☐ 10-19 times
- ☐ 20-39 times
- ☐ 40 or more times

How many times have you had beer, wine, or hard liquor (such as vodka, whiskey, gin or tequila) in the past 30 days?

- ☐ 0 times
- ☐ 1-2 times
- ☐ 3-5 times

- ☐ 6-9 times
- ☐ 10-19 times
- ☐ 20-39 times
- ☐ 40 or more times

Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

- ☐ None
- ☐ Once
- ☐ Twice
- ☐ 3-5 times
- ☐ 6-9 times
- ☐ 10 or more times

In the past 30 days, how did you usually get the alcohol you drank?

- ☐ I did not drink alcohol during the past 30 days.
- ☐ I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station.
- ☐ I bought it at a restaurant, bar, or a club.
- ☐ I bought it at a public event such as a concert or sporting event.
- ☐ I gave someone else money to buy it for me.
- ☐ Someone gave it to me.
- ☐ I took it from a store or family member.
- ☐ I got it some other way.

How old were you when you first had more than a sip or two of beer, wine, or hard liquor (such as vodka, whiskey, gin or tequila)?

- ☐ Never have
- ☐ 10 or younger
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17 or older

How old were you when you first began drinking alcoholic beverages regularly, that is, at least once or twice a month?

- ☐ Never have
- ☐ 10 or younger
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17 or older

How old were you when you first smoked a cigarette, even just a puff?

- ☐ Never have

- ☐ 10 or younger
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17 or older

How old were you when you first smoked or ingested cannabis (including THC cartridges, edibles, or gummies)?

- ☐ Never have
- ☐ 10 or younger
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17 or older

How old were you when you first vaped, even just a puff?

- ☐ Never have
- ☐ 10 or younger
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15

- ☐ 16
- ☐ 17 or older

How much do you think you risk harming yourself if you take one or two drinks of an alcoholic beverage (beer, wine, or hard liquor such as vodka, whiskey, gin, or tequila) nearly every day?

- ☐ No risk
- ☐ Slight risk
- ☐ Moderate risk
- ☐ Great risk

How much do you think you risk harming yourself if you smoke or ingest cannabis (including THC cartridges, edibles, and gummies) regularly?

- ☐ No risk
- ☐ Slight risk
- ☐ Moderate risk
- ☐ Great risk

How much do you think you risk harming yourself if you vape regularly?

- ☐ No risk
- ☐ Slight risk
- ☐ Moderate risk
- ☐ Great risk

How much do you think you risk harming yourself if you use prescription pain relievers without a doctor's order (such as Oxycontin, Vicodin, Percocet, and Codeine) OR street opioids (such as illicit fentanyl or heroin)?

- ☐ No risk
- ☐ Slight risk
- ☐ Moderate risk
- ☐ Great risk

Do you think that your parents, caregivers or other adults in your family are okay with you drinking beer, wine, or hard liquor (such as vodka, whiskey, gin, or tequila)?

- ☐ No, they are not okay with it.
- ☐ Yes, they are okay with it.
- ☐ It depends on the situation.
- ☐ I am not sure.

Do you think that your parents, caregivers, or other adults in your family are okay with you smoking cigarettes?

- ☐ No, they are not okay with it.
- ☐ Yes, they are okay with it.
- ☐ It depends on the situation.
- ☐ I am not sure.

Do you think that your parents, caregivers, or other adults in your family are okay with you using cannabis (including THC cartridges, edibles, or gummies)?

- ☐ No, they are not okay with it.
- ☐ Yes, they are okay with it.
- ☐ It depends on the situation.
- ☐ I am not sure.

Do you think that your parents, caregivers, or other adults in your family are okay with you vaping?

- ☐ No, they are not okay with it.
- ☐ Yes, they are okay with it.
- ☐ It depends on the situation.
- ☐ I am not sure.

Do you think that most adults in your community are okay with you using cannabis (including THC cartridges, edibles, or gummies)?

- ☐ No, most adults are not okay with it.
- ☐ Yes, most adults are okay with it.
- ☐ It depends on the situation.
- ☐ I am not sure.

73%

The next section asks about your experiences. Your answers will stay private.

Would you be able to access a gun that is ready for you to fire without a parent or other adult around? The gun could be yours or someone else's. The gun could be located in your home or car, or someone else's home or car.

- ☐ Yes
- ☐ No

During the past 30 days, have you carried a weapon such as a gun or knife?

- ☐ Yes
- ☐ No

During the past 30 days, have you carried a weapon such as a gun or knife, on school property?

- ☐ Yes
- ☐ No

Have you ever belonged to a gang?

- ☐ Yes
- ☐ No

77%

The next section asks about sexual behavior. Your answers will stay private.

Have you ever had sex?

- ☐ Yes
- ☐ No

How old were you when you had sex for the first time?

- ☐ 11 years old or younger
- ☐ 12 years old
- ☐ 13 years old
- ☐ 14 years old
- ☐ 15 years old
- ☐ 16 years old
- ☐ 17 years old or older

During your life, with how many people have you had sex?

- ☐ 1 person
- ☐ 2 people
- ☐ 3 people
- ☐ 4 people

- ☐ 5 people
- ☐ 6 or more people

Did you drink alcohol or use drugs before you had sex the last time?

- ☐ Yes
- ☐ No

The last time you had sex, did you or your partner use a condom, female condom or dental dam?

- ☐ Yes
- ☐ No

The last time you had sex, what method did you or your partner use to prevent pregnancy? Choose ALL that apply.

- ☐ No method was used to prevent pregnancy.
- ☐ Birth control pills
- ☐ Condoms
- ☐ An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
- ☐ A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
- ☐ Withdrawal or some other method
- ☐ Not sure

80%

This next part is about unwanted sexual behavior. Sexual harassment means treating someone badly because of their sex, gender, or who they're attracted to. Sexual misconduct includes things like unwanted touching, asking for sex, or saying sexual things that make someone uncomfortable. Sexual assault includes rape, stalking, or touching someone without permission. Your answers will stay private.

During the past 12 months, did anyone force or pressure you to do sexual things that you did not want to do?

- ☐ Yes
- ☐ No

During the past 12 months, has another student sexually harassed you?

- ☐ Yes
- ☐ No

During the past 12 months, have you sexually harassed another student?

- ☐ Yes
- ☐ No

Has someone ever shared or threatened to share private or sexual images or videos of you, real or fake, without your permission?

- ☐ Yes
- ☐ No

82%

This next part is about your feelings about reporting sexual harassment, assault or misconduct. Your answers will stay private.

If I observed or was a victim of sexual harassment, assault or misconduct I would know who to report that information to.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

I would feel comfortable reporting sexual harassment, assault or misconduct to school faculty or staff.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

If you would not feel comfortable reporting an act of sexual harassment, assault or misconduct to school faculty or staff, please indicate why. Choose ALL that apply.

- ☐ I would be more comfortable handling the situation myself.
- ☐ I do not know a trusted adult to tell.
- ☐ I would be afraid of retaliation or continued harassment.
- ☐ I would be too embarrassed to talk about it to an adult.
- ☐ I would be afraid people would think it was my fault.
- ☐ I would be afraid I would get in trouble.
- ☐ I do not think my report would be taken seriously and nothing would be done.

84%

The next section asks about your experiences with a partner you dated or went out with. Your answers will stay private.

Have you ever had a partner you dated or went out with who always wanted to know where you are?

- ☐ Yes
- ☐ No

Have you ever had a partner you dated or went out with who called you names or put you down verbally?

☐ Yes

☐ No

Have you ever had a partner you dated or went out with who physically hurt you on purpose?

☐ Yes

☐ No

Have you ever had a partner you dated or went out with who forced or pressured you to do sexual things that you did not want to do?

☐ Yes

☐ No

Have you ever had a partner you dated or went out with who pressured you into using alcohol or drugs?

☐ Yes

☐ No

86%

The next section asks about eating and drinking. Think about meals, snacks, and drinks you had from waking up until you went to bed. Include food and drinks you ate at home, at school, at restaurants, or anywhere else. A serving of fruits and vegetables is about one cup or

one medium piece (like a whole banana, carrot, or apple). A drink serving is one regular sized can, cup, or bottle.

In the past 7 days, how many times did you eat fruit?

- ☐ I did not eat fruit.
- ☐ 1 to 3 times in the past 7 days
- ☐ 4 to 6 times in the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

In the past 7 days, how many times did you eat vegetables?

- ☐ I did not eat vegetables.
- ☐ 1 to 3 times in the past 7 days
- ☐ 4 to 6 times in the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

In the past 7 days, how often did you have drinks with added sugar? Include soda, sweetened coffee, sweet tea, boba/bubble tea, energy drinks, sports drinks, juice, lemonade, or other fruit drinks with added sugar. **Do not include** diet drinks,

low sugar soda (like Poppi), 100% juice, or unsweetened flavored fizzy or regular water.

- ☐ Never
- ☐ Less than once a week
- ☐ Once a week
- ☐ A few times a week
- ☐ Every day
- ☐ More than once a day

In the past 7 days, how often did you have drinks with caffeine? Include coffee, tea, energy drinks or energy shots, and soda with caffeine (like diet or regular Coke/Pepsi, Dr. Pepper, Mountain Dew). **Do not include** decaf drinks or herbal tea.

- ☐ Never
- ☐ Less than once a week
- ☐ Once a week
- ☐ A few times a week
- ☐ Every day
- ☐ More than once a day

During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?

- ☐ Yes
- ☐ No

During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight?

- ☐ Yes
- ☐ No

During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?

- ☐ Yes
- ☐ No

During the past 30 days, how often did you go hungry because there was not enough food in your home?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Most of the time
- ☐ Always

91%

The next section asks about physical activity.

During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days

On an average school night, how many hours of sleep do you get?

- ☐ 4 or less hours
- ☐ 5 hours
- ☐ 6 hours
- ☐ 7 hours
- ☐ 8 hours
- ☐ 9 hours
- ☐ 10 or more hours

In the past 7 days, how many times did you do something active with family or friends (such as bike, hike, take a walk, or play a sport)?

- ☐ Never

- ☐ 1-2 times
- ☐ 3-4 times
- ☐ 5-6 times
- ☐ 7 or more times

95%

The next section asks about your experiences with riding in or driving a vehicle. Your answers will stay private.

During the past 30 days, have you driven a car or other vehicle when you had been drinking alcohol?

- ☐ I have not driven a car or other vehicle during the past 30 days.
- ☐ Yes
- ☐ No

During the past 30 days, have you texted, e-mailed, or used social media while driving a car or other vehicle?

- ☐ I have not driven a car or other vehicle during the past 30 days.
- ☐ Yes
- ☐ No

When you are driving or riding in a car, how often do you wear a seat belt?

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

When I don't wear a seat belt, it's because... Choose ALL that apply:

- ☐ I am only going a short distance.
- ☐ I forgot to put it on.
- ☐ I don't feel like it.
- ☐ Seat belts are uncomfortable.
- ☐ I am in a hurry.
- ☐ The driver isn't wearing one (if I am getting a ride).
- ☐ My passengers aren't wearing them (if I am driving).
- ☐ I am riding in the back seat.
- ☐ It might insult the driver.
- ☐ There is little or no traffic.

98%

The next section asks about your experiences with gambling. Gambling means risking something valuable (a bet), like money, on a game of chance or skill in hopes of winning something more valuable. Your answers will stay private.

In the past 12 months, have you participated in any of the following types of gambling? Choose ALL that apply:

- ☐ I have not participated in any gambling activities.
- ☐ Playing cards for money (such as blackjack or poker)
- ☐ Shooting dice for money
- ☐ Sports betting (including online apps or with friends)
- ☐ Fantasy leagues or tournament brackets
- ☐ Buying lottery tickets or scratch-offs
- ☐ Online casino games or slot machines
- ☐ Betting on video games (such as skins, in-game items, or real money)
- ☐ Other

In the past 12 months, have you ever felt bad about the amount of money you bet, or about what happens when you bet money?

- ☐ Yes
- ☐ No

What age did you start gambling?

- ☐ I have never gambled.
- ☐ 12 or younger
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17 or older

8-12th Final Q

How honest were you in filling out this survey?

- ☐ I was very honest
- ☐ I was honest pretty much of the time
- ☐ I was honest some of the time
- ☐ I was honest once in a while
- ☐ I was not honest at all

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